

*Coalition of Families of Korean and Cold War POW/MIAs*

**National Membership Application**

New

Renewal

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to missing service member: \_\_\_\_\_

Associate Membership (Non-family member): \_\_\_\_\_

Service member's full name: \_\_\_\_\_

Service # \_\_\_\_\_

Branch of Service/Unit or Group: \_\_\_\_\_

Date & Area of Loss:

**Annual Membership / Associate Membership (Non Family Member) Donation - \$25.00.**

**Please make checks payable to: Coalition of Families.**

**Mail to:**

**Coalition of Families  
(Attn: Treasurer)  
P.O. Box 4194  
Portsmouth, NH 03802**